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Bib Data Sheet

*CORRECTED BIB DATA SHEET*

CONFIRMATION NO. 2552

<b>SERIAL NUMBER</b> 08/874,060	<b>FILING OR 371(c) DATE</b> 06/12/1997 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> 072674-00007-A	
<b>APPLICANTS</b> ANTHONY JOSEPH, DUBLIN, OH;					
<b>** CONTINUING DATA *****</b> This application is a CON of 08/563,642 11/28/1995 ABN					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 08/08/1997					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged		Examiner's Signature		Initials	
<b>ADDRESS</b> 27805					
<b>TITLE</b> SYSTEM FOR EVALUATING TREATMENT OF CHEST PAIN PATIENTS					
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		